

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

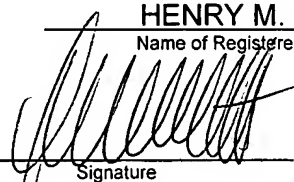
Docket No.: REICHSTEIN

In re Application of:	)
ULRICH REICHSTEIN et al.	) Examiner: Heitbrink, Timothy W
Appl. No.: 10/603,459	) Group Art Unit: 1722
Filed: June 25, 2003	)
For: INJECTION MOLDING MACHINE WITH)	)
ELECTRIC COMPONENTS LINKED IN )	)
WIRELESS MODE )	)

**NOTICE OF APPEAL TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

MAIL STOP AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

S I R:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450", on <b>December 12, 2005</b> .	
(Date)	
<b>HENRY M. FEIEREISEN</b>	
Name of Registered Representative	
	<u>12-12-2005</u>
Signature	Date of Signature

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated September 12, 2005 of the Examiner finally rejecting claims 1-4. Accompanying the Notice of Appeal is a Request for a Panel Review.

The items checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

☒ other than small entity

☐ small entity

Verified Statement

☐ attached

☐ already filed on \_\_\_\_\_

2. FEE FOR FILING NOTICE OF APPEAL

Persuant to 37 C.F.R. 1.17(e) the fee for filing the Notice of Appeal is

☐ small entity \$250.00

☒ other than a small entity \$500.00

Notice of Appeal Fee due \$500.00

3. EXTENSION OF TERM

a. ☐ The Commissioner is hereby petitioned to extend the period for response to above-referenced Official Action by \_\_\_\_\_ months until \_\_\_\_\_. Accompanying this amendment is the appropriate fee of \$ \_\_\_\_\_ pursuant to 37 C.F.R. §1.17(c) and 37 C.F.R. §1.136(a).

b. ☐ Request for Extension of Time was filed on \_\_\_\_\_ together with a Request for Reconsideration, and the appropriate fee of \$ \_\_\_\_\_ was paid.

4. TOTAL FEE DUE

The total fee due is

Notice of Appeal fee \$500.00

Extension fee (if any) \$ \_\_\_\_\_

TOTAL FEE DUE \$500.00

5. FEE PAYMENT

☒ Attached is a check in the sum of \$500.00.

☐ Please charge the fee to Deposit Account No.06-0502.

6. FEE DEFICIENCY

- (X) The Commissioner is hereby authorized to charge payment of any additional fees which may be required with this communication, or credit any overpayment to Deposit Account No. 06-0502. Two copies of this sheet are provided for this purpose.

Respectfully submitted,

By: 

Henry M. Feiereisen  
Reg. No.: 31,084  
Agent for Applicant

Date: December 12, 2005  
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Suite 4714  
New York, N.Y. 10118  
(212) 244-5500  
HMF:af

6. FEE DEFICIENCY

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